

BOPUK 531.01 *
PAGE 001 OF 001 *

INMATE HISTORY
WRK DETAIL

* 09-08-2006
* 07:45:10

REG NO.: 05967-084 NAME....: WARD, MYRON ARVEL
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP DATE/TIME
PET	PRINT 2 PRINT FACTORY-2	03-27-2006 0001	CURRENT
PET	CCS COMPND CORR SVCS COMPOUND	10-31-2005 1342	03-27-2006 0001
PET	ORD CCS ORD CCS	06-01-2004 0001	10-31-2005 1342
PET	CONV IDLE CONVALESCENCE IDLE	05-21-2004 0831	06-01-2004 0001
PET	ORD CCS ORD CCS	05-20-2004 1442	05-21-2004 0831
PET	ORD CCS ORD CCS	11-11-2003 0001	05-20-2004 0749
PET	UNASSG UNASSIGNED WORK DETAIL	11-03-2003 1658	11-11-2003 0001
PET	A/O NEEDS A/O PROCESSING	10-24-2003 1033	11-03-2003 1658
PEM	UNASSG UNASSG	10-22-2003 1442	10-24-2003 0950
PHL	UNASSG UNASSG	10-20-2003 1800	10-22-2003 0655
LEW	UNASSG UNASSIGNED WORK DETAIL	10-17-2003 1304	10-20-2003 1010
MCK	I ASEMBLY2 ASSEMBLY 2 - 3:50PM - 11:00PM	09-03-2002 0001	10-17-2003 0925
MCK	I LAYUP 1 LAYUP 1	04-09-2002 0001	09-03-2002 0001
MCK	CMSLANDIN2 INSIDE LANDSCAPE FULL-TIME	09-08-2001 0001	04-09-2002 0001
MCK	CMSLANDIN1 INSIDE LANDSCAPE FULL-TIME	07-27-2001 0001	09-08-2001 0001
MCK	CMS FACIL FACILITIES OFFICE	07-26-2001 0001	07-27-2001 0001
MCK	UNASSG UNASSIGNED	07-25-2001 1213	07-26-2001 0001
MCK	A&O ADMISSION & ORIENTATION	07-20-2001 0845	07-25-2001 1213
LEW	UNASSG UNASSIGNED WORK DETAIL	07-13-2001 1836	07-20-2001 0518
LOR	ADM DET ADMINISTRATIVE DETENTION	05-18-2001 1323	07-13-2001 0900
LOR	DIS SEG DISCIPLINARY SEGREGATION	04-19-2001 1522	05-18-2001 1323
LOR	ADM DET ADMINISTRATIVE DETENTION	03-23-2001 1915	04-19-2001 1522
LOR	CABLE 11 PRODUCTION/	02-09-2001 0001	03-23-2001 1915
LOR	F/SVC PM FOOD SERVICE WORKER (PM)	02-07-2001 1015	02-09-2001 0001
LOR	F/SVC AM FOOD SERVICE WORKER (AM)	02-06-2001 0001	02-07-2001 1015
LOR	A&O COMP A&O PROGRAM COMPLETE	01-11-2001 1402	02-06-2001 0001
LOR	A&O A&O UNASSIGNED	01-05-2001 0845	01-11-2001 1402
LEW	UNASSG UNASSIGNED WORK DETAIL	01-02-2001 2101	01-05-2001 0545
CUM	FPI SHOP 3 UNICOR SHOP 3	05-30-2000 0001	01-02-2001 1023

MCK2G 531.01 * INMATE HISTORY * 08-30-2006
 PAGE 001 OF 001 * WRK DETAIL * 15:00:24

REG NO.: 05967-084 NAME....: WARD, MYRON ARVEL
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP DATE/TIME
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PET	ORD CCS ORD CCS	06-01-2004 0001	10-31-2005 1342
PET	CONV IDLE CONVALESCE IDLE	05-21-2004 0831	06-01-2004 0001
PET	ORD CCS ORD CCS	05-20-2004 1442	05-21-2004 0831
PET	ORD CCS ORD CCS	11-11-2003 0001	05-20-2004 0749
PET	UNASSG UNASSIGNED WORK DETAIL	11-03-2003 1658	11-11-2003 0001
PET	A/O NEEDS A/O PROCESSING	10-24-2003 1033	11-03-2003 1658
PEM	UNASSG UNASSG	10-22-2003 1442	10-24-2003 0950
PHL	UNASSG UNASSG	10-20-2003 1800	10-22-2003 0655
LEW	UNASSG UNASSIGNED WORK DETAIL	10-17-2003 1304	10-20-2003 1010
MCK	I ASSEMBLY2 ASSEMBLY 2 - 3:50PM - 11:00PM	09-03-2002 0001	10-17-2003 0925
MCK	I LAYUP 1 LAYUP 1	04-09-2002 0001	09-03-2002 0001
MCK	CMSLANDIN2 INSIDE LANDSCAPE FULL-TIME	09-08-2001 0001	04-09-2002 0001
MCK	CMSLANDIN1 INSIDE LANDSCAPE FULL-TIME	07-27-2001 0001	09-08-2001 0001
MCK	CMS FACL FACILITIES OFFICE	07-26-2001 0001	07-27-2001 0001
MCK	UNASSG UNASSIGNED	07-25-2001 1213	07-26-2001 0001
MCK	A&O ADMISSION & ORIENTATION	07-20-2001 0845	07-25-2001 1213
LEW	UNASSG UNASSIGNED WORK DETAIL	07-13-2001 1836	07-20-2001 0518
LOR	ADM DET ADMINISTRATIVE DETENTION	05-18-2001 1323	07-13-2001 0900
LOR	DIS SEG DISCIPLINARY SEGREGATION	04-19-2001 1522	05-18-2001 1323
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LOR	CABLE 11 PRODUCTION/	02-09-2001 0001	03-23-2001 1915
LOR	F/SVC PM FOOD SERVICE WORKER (PM)	02-07-2001 1015	02-09-2001 0001
LOR	F/SVC AM FOOD SERVICE WORKER (AM)	02-06-2001 0001	02-07-2001 1015
LOR	A&O COMP A&O PROGRAM COMPLETE	01-11-2001 1402	02-06-2001 0001
LOR	A&O A&O UNASSIGNED	01-05-2001 0845	01-11-2001 1402
LEW	UNASSG UNASSIGNED WORK DETAIL	01-02-2001 2101	01-05-2001 0545
CUM	FPI SHOP 3 UNICOR SHOP 3	05-30-2000 0001	01-02-2001 1023
CUM	FPI SHOP 8 UNICOR SHOP 8	08-23-1999 0001	05-30-2000 0001
CUM	F PLUMBER FCI PLUMBER	06-08-1999 0001	08-23-1999 0001
CUM	F MECH SVC FCI MECHANICAL SVC	06-07-1999 0001	06-08-1999 0001
CUM	F UNASSIGN UNASSIGNED INMATES	05-24-1999 0001	06-07-1999 0001
CUM	F A&O FCI A&O INMATES	05-19-1999 0001	05-24-1999 0001
CUM	F UNASSIGN UNASSIGNED INMATES	05-17-1999 2246	05-19-1999 0001
CUM	F A&O FCI A&O INMATES	04-26-1999 1902	05-17-1999 2246
OKL	UNASSG UNASSIGNED HOLDOVER	04-05-1999 1515	04-26-1999 0725

G0000 TRANSACTION SUCCESSFULLY COMPLETED

ASSEMBLY 2

TERMINATION

TRANSFER



UNICOR

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

3 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

3 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

3 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19
Enter 3 For Completion, Complete Items 4-6, 19
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
05967-084 WARD, MYRON 231

Action Recommended

From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title
012 1 MCFT 1 769687054 WD WRK SHOPHAND

1 = Hourly
2 = G.P.W.
3 = P.W.
X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title
 1 1 1 1 1 1

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM
10-17-03 0710 1 1

2 22. Reason For Termination Of Employment Or Withdrawal
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

C 23. Continuation of Longevity Status
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year
 - - - - - -

25. Total Inmate Hours Involved
 - - - - - -

26. Signatures:

Recommended By [Signature] Foreman Date: 10/1/03
Approved By _____ Plant Superintendent Date: _____
Approved By [Signature] Ass't Supt. Or Business Mgr. Date: _____
Entered On Payroll Records [Signature] Timekeeper Date: 2/3

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report**1**

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

2

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

3

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19
 Enter 3 For Completion, Complete Items 4 - 6, 19
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

4. Register Number

05967-084

5. Resident Name (Last, First, Middle)

WARD MYRON ARVEL

6. Institution Code

231

Action RecommendedFrom:

7. Job Number 8. Grade 1-4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

10/6/02

2 MCFT 1 769687054 WOODWORK SHOPHAND

To:

1 = Hourly
 2 = G.P.W. X = Apprentice
 3 = P.W.

13. Job Number 14. Grade 1-4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

1 MCFT 1 769687054 WOODWORK SHOPHAND

19. Effective Date
Month, Day, Year

01-04-03

20. Time Of Action

1530

21. Check One: AM PM

X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:Recommended By [Signature] Foreman

Date: 1/14/03

Approved By _____ Plant Superintendent

Date: _____

Approved By _____ Ass't Supt. Or Business Mgr.

Date: _____

Entered On Payroll Records [Signature] Timekeeper

Date: 1/16/03

Production Worker's Training Record

(CHECKLIST)
for

Inmate Name

Myron Ward

Reg. Number

05967-084

- ☒ 1.) I have had a department orientation by my department supervisor.
- ☒ 2.) I have read and understand the Factory Rules and Safety Regulations.
- ☒ 3.) I have read and understand the department procedures for my assigned area.
- ☒ 4.) I have participated in the 3 credit hrs., Industrial Familiarization Class.
- ☒ 5.) I have had on the job training with an experienced production worker.
- ☒ 6.) I have read and understand my Job Description.
- ☒ 7.) I have been instructed on the MSDS center in the Unicor Factory.
- ☒ 8.) I have familiarized myself with ISO-9001-2000 standards, Unicor McKean's Q.M.S., and the role I play in the system.

Myron Ward 05967-084

Inmate Signature & Reg. Number

6/23/03

Date

My B

Woodworking Supervisor Signature

6/23/03

Date

TITLE: TRAINING RECORD	CONTROL NO. 1403	DATE: 6/11/03
Production - UNICOR MCKEAN	REV: Original Issue	SHEET 1 OF 1

UNICOR McKean
Federal Prison Industries, Inc.
Federal Correctional Institution
McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: WARD, MYRON Register Number: 05967-084
Institution Code: 231 Industry Code: MCFT

Job Description: Woodworking Shophand Department: Layup 1

Duties: Performs any combination of the following: cleaning, moving, storing or assembling. May also inspect parts for blemishes or defects. Responsible for the quantity and quality of all parts handled. All workers will clean their tools and work area when there is no production work. Failure to do so will result in an "Unsatisfactory Work Performance" warning. All other duties as assigned in UNICOR.

I have instructed inmate WARD, MYRON Reg. No. 05967-084
in the proper procedures in which to implement his assigned work detail, which
includes standard maintenance, safety procedures, and routine use.


Foreman

3-21-02
Date

I have received proper instruction on how to implement my job assignment. If I
have any problem with implementing my assigned job, I am instructed to contact
my foreman immediately.

Myron Ward
Signature of Inmate

05967-084
Register Number

4/9/02
Date

Federal Prison Industries, Inc.
UNICOR - McKean

P.O. Box 8000

Phone #(814) 362-8900

Fax #(814) 362-4151

MEMORANDUM

DATE: March 27, 2002

REPLY TO:

ATTN OF: Martin Sapko, Factory Manager

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store your issued safety glass, it is your responsibility and must be well cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for **all** production workers and **must** be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on _____, and I agree to the above conditions.

Signature: Myron Ward

Print Name: MYRON WARD

Reg. Number: 05967-084

F.C.I. McKean

UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

NAME: ~~Myron Ward~~ Myron Ward UNIT: CB LOCKER# CHIT#

- 1) INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUST IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND AFTER RETURNING FORM A CALL-OUT.
- 2) ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES AT ALL TIMES WHILE IN THE FACTORY.
- 3) SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4) HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH-NOISE LEVEL AREAS.
- 5) INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6) INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
- 7) OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
- 8) HORSE PLAY WILL NOT BE TOLERATED, AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9) REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 10) DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE ON THE FORKLIFT OR PALLET TRUCK.
- 11) ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12) ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR, OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
- 13) THE FABRICATION OR REPAIR OF PERSONAL ITEMS WITH UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
- 14) THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15) WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN AND ALSO TO WASH UP.
- 16) INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17) INMATES WHO HAS BEEN TRANSFERRED FROM ANOTHER INSTITUTION FOR DISCIPLINARY PURPOSES, SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND ALSO UNDERSTAND THAT DISREGARD FOR ANY OF THE ABOVE RULES SHALL CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

NAME: Myron Ward REG. # 05967-084 DATE: 4/9/02

ASSIGNED DEPARTMENT: _____

LAYOUT 1

NEW HIRE

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3



2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
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3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19
 Enter 3 For Completion, Complete Items 4 - 6, 19
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22



4. Register Number

0 5 9 5 7 - 0 8 1

5. Resident Name (Last, First, Middle)

WARD, MYRON

6. Institution Code

2 3 1

Action RecommendedFrom:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

0 1 2 4

E C F T

1

7 6 9 5 3 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly
 2 = G.P.W.
 3 = P.W.

X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

19. Effective Date
Month, Day, Year

0 1 - 0 9 - 0 2

20. Time Of Action

0 7 1 0

21. Check One: AM PM

X



22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs



23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By _____ Foreman

Date: 4-11-02

Approved By _____ Plant Superintendent

Date: _____

Approved By _____ Ass't Supt. Or Business Mgr.

Date: _____

Entered On Payroll Records _____ Timekeeper

Date: _____

LAVIIP 1

GRADE CHANGE

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report☒

1. Type of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3

☒

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Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

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☐

3. If IPRS Action

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4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

05967-084

WARD, MYRON

231

Action RecommendedFrom:

7. Job

8. Grade

9. Industry

10. Wage

11. Dot

12. Position Title

Number

1 - 4

Code

Plan

Code

012

4

MCFT

1

769687054

MD WRK SHOP HAND

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job

14. Grade

15. Industry

16. Wage

17. Dot

18. Position Title

Number

1 - 4

Code

Plan

Code

012

3

MCFT

1

769687054

MD WRK SHOP HAND

19. Effective Date

20. Time of Action

21. Check One:

AM

PM

Month, Day, Year

07-08-02

0710

X

22. Reason For Termination Of Employment Or Withdrawal

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5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By [Signature] ForemanDate: 7/16/02Approved By [Signature] Plant SuperintendentDate: 7/16/02Approved By [Signature] Ass't Supt. Or Business Mgr.Date: 7/16/02Entered On Payroll Records [Signature] TimekeeperDate: 7/16/02

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

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4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

05967-084

WARD, MYRON ARVIL

231

Action RecommendedFrom:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
	3	MCFT	1	769887054	WD WRK SHOPHAND

1 = Hourly

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3 = P.W.

X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
	3	MCFT	1	769887054	WD WRK SHOPHAND

19. Effective Date
Month, Day, Year

20. Time of Action

21. Check One:

AM

PM

10-06-02

1538

PM

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:Recommended By [Signature] ForemanDate: 10/6/02Approved By [Signature] Plant Superintendent

Date: _____

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: _____

Entered On Payroll Records [Signature] TimekeeperDate: 10/28/02

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report**3**

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

32. If UNICOR Action
Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
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4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

05967-084

WARD, MYRON

231

Action RecommendedFrom:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

012

1

M C F T

1

769687054

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date
Month, Day, Year

20. Time of Action

21. Check One: AM PM

10-17-03

0710

X

2**22. Reason For Termination Of Employment Or Withdrawal**1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs**C****23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:Recommended By Mike Hays, Jr. ForemanDate: 10/14/03Approved By J. H. Williams Plant SuperintendentDate: 10/14/03Approved By J. H. Williams Ass't Supt. Or Business Mgr.Date: 10/14/03Entered On Payroll Records C. Williams TimekeeperDate: 10/21/03

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report☒

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

☒

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☐

4. Register Number

05357-084

5. Resident Name (Last, First, Middle)

WARD MERON ARVEL

6. Institution Code

231

Action RecommendedFrom:

7. Job Number

8. Grade 1 - 4

9. Industry Code

10. Wage Plan

11. Dot Code

12. Position Title

☐

2

MCFT

1

769687054

WOODWORK SHOPHAND

10/6/02

1 = Hourly
 2 = G.P.W.
 3 = P.W.
 X = Apprentice

To:

13. Job Number

14. Grade 1 - 4

15. Industry Code

16. Wage Plan

17. Dot Code

18. Position Title

☐

1

MCFT

1

769687054

WOODWORK SHOPHAND

19. Effective Date
Month, Day, Year

01-04-03

20. Time Of Action

1530

21. Check One: AM PM

☐ ☒☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

☐

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

☐

24. Date Of Enrollment Month, Day, Year

☐

25. Total Inmate Hours Involved

26. Signatures:Recommended By Mr. B. ForemanDate: 11/4/03Approved By Debra Forsyth Plant SuperintendentDate: 11/18/03Approved By T. Mahan Ass't Supt. Or Business Mgr.Date: 11/16/03Entered On Payroll Records Prada K. Kerr TimekeeperDate: 11/16/03

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

1

1. Type of Report:

UNICOR Action = 1 IPRS Action = 2 Both = 3

2

2. If UNICOR Action

Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26

Enter 2 For Change In Employment Status, Complete Items 4-21, and 26

Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

3

3. If IPRS Action

Enter 2 For Enrollment, Complete Items 4-6, 19

Enter 3 For Completion, Complete Items 4-6, 19

Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

05967-084

5. Resident Name (Last, First, Middle)

WARD, MYRON ARVIL

6. Institution Code

231

Action RecommendedFrom:7. Job
Number8. Grade
1 - 49. Industry
Code10. Wage
Plan11. Dot
Code

12. Position Title

[] [] []

1

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:13. Job
Number14. Grade
1 - 415. Industry
Code16. Wage
Plan17. Dot
Code

18. Position Title

[] [] []

2

M C F T

1

7 6 9 6 8 7 0 5 4

W D W R K S H O P H A N D

19. Effective Date
Month, Day, Year

1 0 - 0 9 - 0 2

20. Time of Action

1 5 3 9

21. Check One:

AM

PM

[]

XX

22

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

[] [] [] [] [] []

24. Date Of Enrollment Month, Day, Year

[] [] [] []

25. Total Inmate Hours Involved

26. Signatures:

Recommended By

[Signature]

Foreman

Date:

10/6/02

Approved By

[Signature]

Plant Superintendent

Date:

10/28/02

Approved By

[Signature]

Ass't Supt. Or Business Mgr.

Date:

10/28/02

Entered On Payroll Records

[Signature]

Timekeeper

Date:

10/28/02

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report☒ 2

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

☒ 2

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26
 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

☐

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19
 Enter 3 For Completion, Complete Items 4-6, 19
 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number

5. Resident Name (Last, First, Middle)

6. Institution Code

05967-084

WARD, MYRON

231

Action RecommendedFrom:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

012

4

MCFT

1

769687054

WD WRK SHOPHAND

1 = Hourly

2 = G.P.W.

3 = P.W.

X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

012

3

MCFT

1

769687054

WD WRK SHOPHAND

19. Effective Date
Month, Day, Year

20. Time of Action

21. Check One: AM PM

07-08-02

0710

X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:Recommended By [Signature] Foreman

Date: 7/16/02

Approved By [Signature] Plant Superintendent

Date: 7/18/02

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 7/17/02

Entered On Payroll Records [Signature] Timekeeper

Date: 7/17/02

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

3

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

1

2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26
 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26

2

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19
 Enter 3 For Completion, Complete Items 4 - 6, 19
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19, 22

4. Register Number
0 5 9 6 7 - 0 8 4

5. Resident Name (Last, First, Middle)

WARD, K Y R O N

6. Institution Code

2 3 1

Action RecommendedFrom:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title

0 1 2 4 C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D

1 = Hourly
 2 = G.P.W.
 3 = P.W.
 X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title

19. Effective Date Month, Day, Year 20. Time Of Action 21. Check One: AM PM

0 4 - 0 9 - 0 2

0 7 1 0

X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures

Recommended By _____ Foreman

Date: 4-11-02

Approved By T. Helehan _____ Plant Superintendent

Date: 4/11/02

Approved By T. Helehan _____ Ass't Supt. Or Business Mgr.

Date: 4/15/02

Entered On Payroll Records _____ Timekeeper

Date: 4/15/02

Employee Work HistoryNAME: Ward, Myron Arvel NO. #05967-084HIRE DATE: 04/09/02 Prior UNICOR Credit Accepted: 00 MonthsYear 2002

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr	1	3:45		3:45	
May	2	3:45		7:30	
Jun	3	3:45		11:15	
Jul	4	3:45		15:00	
Aug	5	3:45		18:45	
Sep	6	3:38		22:23	
Oct	7	3:38		26:01	
Nov	8	3:38		29:39	
Dec	9	3:38		33:17	

Year 2003

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	10	3:38		36:55	
Feb	11	3:38		40:33	
Mar	12	3:38		44:11	
Apr	13	7:15		51:26	
May	14	7:15		58:41	
Jun	15	7:15	42:19 P&V	16:22	
Jul	16	7:15		23:37	
Aug	17	7:15		30:52	
Sep	18	7:15		38:07	
Oct					
Nov					
Dec					

Year 2004

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 *
PAGE 001 OF 001 *

INMATE HISTORY
WRK DETAIL

* 04-06-2002
* 13:58:46

REG NO.: 05967-084 NAME: WARD, MYRON ARVEL
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	CMSLANDIN2	INSIDE LANDSCAPE FULL-TIME	09-08-2001 0001	CURRENT
MCK	CMSLANDIN1	INSIDE LANDSCAPE FULL-TIME	07-27-2001 0001	09-08-2001 0001
MCK	CMS FACL	FACILITIES OFFICE	07-26-2001 0001	07-27-2001 0001
MCK	UNASSG	UNASSIGNED	07-25-2001 1213	07-26-2001 0001
MCK	A&O	ADMISSION & ORIENTATION	07-20-2001 0845	07-25-2001 1213
LEW	UNASSG	UNASSIGNED WORK DETAIL	07-13-2001 1836	07-20-2001 0518
LOR	ADM DET	ADMINISTRATIVE DETENTION	05-18-2001 1323	07-13-2001 0900
LOR	DIS SEG	DISCIPLINARY SEGREGATION	04-19-2001 1522	05-18-2001 1323
LOR	ADM DET	ADMINISTRATIVE DETENTION	03-23-2001 1915	04-19-2001 1522
LOR	CABLE 11	PRODUCTION/	02-09-2001 0001	03-23-2001 1915
LOR	F/SVC PM	FOOD SERVICE WORKER (PM)	02-07-2001 1015	02-09-2001 0001
LOR	F/SVC AM	FOOD SERVICE WORKER (AM)	02-06-2001 0001	02-07-2001 1015
LOR	A&O COMP	A&O PROGRAM COMPLETE	01-11-2001 1402	02-06-2001 0001
LOR	A&O	A&O UNASSIGNED	01-05-2001 0845	01-11-2001 1402
LEW	UNASSG	UNASSIGNED WORK DETAIL	01-02-2001 2101	01-05-2001 0545
CUM	FPI SHOP 3	UNICOR SHOP 3	05-30-2000 0001	01-02-2001 1023
CUM	FPI SHOP 8	UNICOR SHOP 8	08-23-1999 0001	05-30-2000 0001
CUM	F PLUMBER	FCI PLUMBER	06-08-1999 0001	08-23-1999 0001
CUM	F MECH SVC	FCI MECHANICAL SVC	06-07-1999 0001	06-08-1999 0001
CUM	F UNASSIGN	UNASSIGNED INMATES	05-24-1999 0001	06-07-1999 0001
CUM	F A&O	FCI A&O INMATES	05-19-1999 0001	05-24-1999 0001
CUM	F UNASSIGN	UNASSIGNED INMATES	05-17-1999 2246	05-19-1999 0001
CUM	F A&O	FCI A&O INMATES	04-26-1999 1902	05-17-1999 2246
OKL	UNASSG	UNASSIGNED HOLDOVER	04-05-1999 1515	04-26-1999 0725

18

LØ

1-AYU I

3159155

4/9/02

OK
FIMB

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MCK2G * INMATE DISCIPLINE DATA * 04-06-2002
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 13:59:20

REGISTER NO: 05967-084 NAME...: WARD, MYRON ARVEL
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 04-06-2002

REPORT NUMBER/STATUS.: 868922 - SANCTIONED INCIDENT DATE/TIME: 03-23-2001 1730

DHO HEARING DATE/TIME: 04-19-2001 1230

FACL/CHAIRPERSON.....: LOR/LINDEN J

APPEAL CASE NUMBER(S): 239792

REPORT REMARKS.....: DURING A ROUTINE SEARCH, A 5 1/2 SHARPENED TOOTHBRUSH
WAS FOUND TAPED UNDER THE INMATE'S LOCKER.

104 POSSESSING A DANGEROUS WEAPON - FREQ: 1

DIS GCT / 40 DAYS / CS

COMP:010 LAW:P

DS / 30 DAYS / CS

COMP: LAW: FROM 04-19-01 THROUGH 05-18-01.

TRANSFER / CS

COMP: LAW: RECOMMEND A DISCIPLINARY TRANSFER.

REPORT NUMBER/STATUS.: 802179 - SANCTIONED INCIDENT DATE/TIME: 07-29-2000 1100

UDC HEARING DATE/TIME: 08-02-2000 1540

FACL/UDC/CHAIRPERSON.: CUM/UNIT C/D HOLLER

REPORT REMARKS.....: I/M ADMITTED GUILT.

328 GIVING/ACCEPTNG MONEY W/O AUTH - FREQ: 1

LP PHONE / 180 DAYS / CS

COMP: LAW: 6 MONTHS LOSS OF PHONE;
TO EXPIRE ON 02/03/2000.

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

MCK2G
PAGE 001INMATE EDUCATION DATA
TRANSCRIPT10-28-2002
14:18:47REGISTER NO: 05967-084
FORMAT.....: TRANSCRIPTNAME...: WARD
RSP OF: MCK-MCKEAN FCI

FUNC: DIS

----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	ESL HAS	ENGLISH PROFICIENT	05-28-1999 0001	CURRENT
MCK	GED HAS	COMPLETED GED OR HS DIPLOMA	05-05-1999 0001	CURRENT

----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
MCK	FOOD SERV MGMT VT M-F 730-130	10-08-2002	CURRENT				
MCK	CULINARY VT M-F 7:30-9:30	07-10-2002	10-08-2002	C	W	I	0
MCK	ACE-FINANCE 1	06-24-2002	08-10-2002	P	C	P	63
MCK	ACE-BUSINESS DEVELOPMENT	03-18-2002	06-11-2002	P	C	P	106
MCK	ACE-BUS. MATH&ENG WED.630-830	11-28-2001	05-22-2002	P	C	P	60
MCK	ACE STOCK MARKET	01-14-2002	02-16-2002	P	C	P	57
MCK	HYDROPONICS VT,M-F, 9:30-11:30	08-22-2001	09-26-2001	P	C	E	50
LOR	PERSONAL TRAINER CERT-EDUC	02-06-2001	04-10-2001	P	C	P	121
CUM	MICRO APPLICATIONS	09-07-2000	12-12-2000	P	C	P	45

G0002 MORE PAGES TO FOLLOW . . .

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Forsyth, S.O.I. (Unicor)	DATE: 8/12/02
FROM: WARD, Myron	REGISTER NO.: 05967-084
WORK ASSIGNMENT: Lay up 1	UNIT: CB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I am currently on Unicor Day shift. I have a conflict in my
schedule. The vocational class that I take is from 7:30 A.m - 1:30 P.m.
(I've been taking it for over a month). IF possible, I would like to switch
~~shift~~ to the night shift. My attempts have been unsuccessful
thus far.

POSTED

(Do not write below this line) DOT 769687054

DISPOSITION:

MOVE FROM
LAYUP I
TO
ASSN 2
9/3/02

GED 5/5/99

Signature Staff Member

Date

